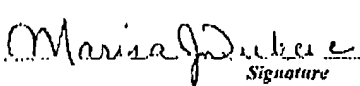
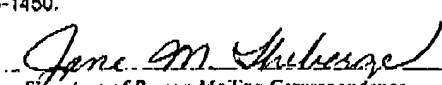


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): KRYSTEK ET AL.			FIS920010227US1
Serial No. 10/014,708	Filing Date November 13, 2001	Examiner F. Ryan Zeender	Group Art Unit 3627
Invention: ENHANCED METHOD AND SYSTEM FOR PROVIDING SUPPLY CHAIN EXECUTION PROCESS IN AN OUTSOURCED MANUFACTURING ENVIRONMENT			
			RECEIVED CENTRAL FAX CENTER DEC 05 2003 OFFICIAL
I hereby certify that this _____ Amendment Transmittal, Amendment, _____ (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9326) on December 5, 2003 (Date)			
Jane M. Theberge (Typed or Printed Name of Person Signing Certificate) Jane M. Theberge (Signature)			
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AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. FIS920010227US1		
Applicant(s): KRYSTEK ET AL.					
Serial No. 10/014,708	Filing Date November 13, 2001	Examiner F. Ryan Zeender	Group Art Unit 3627		
Invention: ENHANCED METHOD AND SYSTEM FOR PROVIDING SUPPLY CHAIN EXECUTION PROCESS IN AN OUTSOURCED MANUFACTURING ENVIRONMENT					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0458					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"> _____ Signature Marisa J. Dubuc Registration No. 46,673 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 (860) 286-2939 (860) 286-0115 FAX Customer Service No. 29371</div><div style="width: 50%; text-align: right;">Dated: December 5, 2003</div></div>					
CC:					
<div style="border: 1px solid black; padding: 5px; width: fit-content;"><div style="text-align: center;"> _____ Signature of Person Mailing Correspondence Jane M. Theberge Typed or Printed Name of Person Mailing Correspondence</div></div>					